

Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

Procedia - Social and Behavioral Sciences 114 (2014) 617 – 621

---

**Procedia**  
 Social and Behavioral Sciences
 

---

4th World Conference on Psychology, Counseling and Guidance

## Moral Values and Coping Strategies among Female Adolescents Involved in Premarital Sex

Saedah Abd. Ghani <sup>a\*</sup> Salhah Abdullah <sup>b\*</sup>,  
 Sharifah Merriam S. Akil <sup>c\*</sup>  
 Noratthiah Nordin <sup>d\*</sup>

<sup>a\*</sup>Universiti Sains Islam Malaysia, Banda Baru Nilai, 71800, Malaysia<sup>b\*</sup>Universiti Sains Islam Malaysia, Banda Baru Nilai, 71800, Malaysia<sup>c\*</sup>Universiti Sains Islam Malaysia, Banda Baru Nilai, 71800, Malaysia<sup>d\*</sup>Universiti Sains Islam Malaysia, Banda Baru Nilai, 71800, Malaysia

### Abstract

The number of adolescents involved in premarital sex has been increasing each year. This study intends to examine the relationship between Islamic moral values and the coping strategies among female adolescents involved in premarital sex. The participants in this study were 238 inmates from four government rehabilitation centres. Moral Values Inventory for Muslim Adolescents (MVIMA) and Coping Strategy Inventory were used in this study. The data was analysed using descriptive statistics. For inferential data, the Pearson Correlation was used. The findings showed a significant relationship between coping strategies and moral values among adolescences involved in pre-marital sex. The results of this study suggest that female adolescents and their parents should receive sex education as an early measure to prevent premarital sex and the diseases related to it. Thus, this study emphasises the need to design prevention and rehabilitation programs for high-risk teenagers. Teenagers need to develop positive self-respect and self-esteem as well as coping strategy through assertive training. This study addresses the limitations of data collection from rehabilitation centres under the provision of Social Welfare Department. Thus, future study should include shelter homes for teenage pregnant girls run by the non-government organizations. Future studies should also include qualitative approaches to increase our understanding of premarital sex among teenage girls and help them develop positive coping strategies in the process of recovering.

© 2013 The Authors. Published by Elsevier Ltd. Open access under [CC BY-NC-ND license](http://creativecommons.org/licenses/by-nc-nd/4.0/).

Selection and peer-review under responsibility of Academic World Education and Research Center.

**Keyword:** *premarital sex, adolescent, moral value, coping strategy.*

### 1. Introduction

Since the first decade of the 21<sup>st</sup> century, studies conducted in Malaysia have extensively debated about adolescents' negative behaviours, such as drug abuse, illegal race, premarital sex, pornography, and the like (Husin, 2011). Husin stated that considering the phenomenon of adolescent immorality in general, the national registration department of Statistics shows that the number of illegitimate births registered between 2006 and 2010 was over 234,647. Of those, 80,979 (34.5%) of the babies' mothers were Muslims. Additionally, 280 cases of abandoned babies were recorded between 2005 and 2010 in the entire country. The society had also been shaken with the increasing issue of baby dumping and teenagers getting involved in premarital sex at a very young age while still in school (Ash'ari, 2012). Premarital sex is forbidden in Islam and despite Islam being the official religion in Malaysia, the number of young adolescents involved in premarital sex has been increasing each year. The effects of premarital sex have led to other alarming tendencies, such as engagement in risky sexual behaviour with multiple partners, increased likelihood of contracting STDs, or increased exposure to homosexuality. Many factors contribute to the increasing occurrence of premarital sex among young adolescents. The two main contributing factors include the lack of moral values and coping strategies. The issue of moral values have gained the attention of many researchers (Hart & Carlo, 2005); thus, many studies have addressed this issue, although they have been conducted mainly in the Western context while only few studies have been carried out in the Muslim context. Consequently, the research in the Muslim context should be expanded to adequately understand the effect of Islam on premarital sex. Thus, the objective of this study is to identify the demographic and

\* Corresponding author. Tel.: +06-7988671 ; fax 06-7988244.

E-mail address: [Saedah@usim.edu.my](mailto:Saedah@usim.edu.my)

psychological profiles, in terms of moral values and coping strategies, of adolescents involved in premarital sex in rehabilitation centres. We also investigated the relationship between moral values and coping strategies among adolescents involved in premarital sex.

## 2. Methodology

This study utilized the survey method to collect the data. The sample in this study comprised 238 female Muslim inmates from four governmental welfare institutions who have engaged in premarital sex. Instruments used in this study included (1) *Demographic profiles* assessing information such as age, race, welfare institute, condition before entry, year of entry, sexual experience, and onset age to sex, pregnancy of experience, occurrence of pregnancy, rape experience and same sex relationship and (2) *Moral Value Inventory for Muslim Adolescents (MVIMA)* originally introduced by Salhah et al., (2010). This instrument consists of 48 items intended to measure individuals along three main dimensions of moral values, i.e, spiritual values, social values, and personal values. The scale comprises nine subscales assessing patience, gratefulness, humility, respectfulness, positive regard, honesty, love, *tawakkal*, and sincerity. The reliability of MVIMA was alpha .93 in this study. (3) *Coping Strategy Inventory (CSI)* comprises 40 items, adapted and translated from *Spanish Version of Coping Strategies* (Salhah et al., 2011) into Malay language using back translation method, as suggested by Brislin and Lonner (1973). Participants were asked to respond to 40 items measuring coping based on three strategies (social focus strategy, adaptive-maladaptive focus strategy, and emotion focus strategy). The items were measured on a 5-point Likert-scale ranging from 1 to 5. The eight primary factors (problem solving, cognitive restructuring, emotional expression, social support, problem avoidance, wishful thinking, self-criticism, and social withdrawal) identified different dimensions of coping. Coping Strategy Inventory showed high reliability as well. It has been tested using coefficient alpha and showed the reliability of .92.

## 3. Results

### The Demographic Profiles of the Respondents

As illustrated in Table 1, most adolescents in this study were between 16 to 18 years old (75.20%) when they first experienced sex before marriage.

Table 1: Demographic Profile of the Respondents (n, %)

Demographic variables		Frequency (f)	Percentage (%)
Age	13-15	59	24.80
	16-18	179	75.20
	Total	238	100
Condition before Entry	Studying	50	63.00
	Working	48	20.20
	Both	40	16.80
	Total	238	100
Sexual Experience	Yes	238	100
	Total	238	100
Onset Age to Sex	Under 12	39	16.39
	12- 14	134	56.30
	15-17	65	27.31
	Total	238	100
Pregnant after having sex	Yes	50	21.00
	No	188	79.00
	Total	238	100
Rape Experience	Yes	118	49.60
	No	120	50.40
	Total	238	100
Onset Age to Rape	Under 12	31	13.00
	12-14	58	24.40
	15-17	29	12.20
	Non-related	120	50.40
	Total	238	100
Same sex relationship	Yes	24	26.90
	No	174	73.10
	Total	238	100

n= 238

The results also indicated that before entering the rehabilitation centres, most respondents were still in school (63.0%) while 22.2% were working full-time, and 16.8% were working part-time while studying. Most respondents who participated in this study, about 75% of them, have been staying in the rehabilitation centres for a certain period, mostly since 2012. Some of them have been staying there longer, since 2011 (30.7%) or 2010 (21.0%). All 238 (100%) respondents admitted that they have experienced sex before marriage. Almost half of the respondents stated that the onset at which they started to be involved with sex was between the ages 12 to 14 (47.2%). Some respondents experienced pregnancy after having sex (21.0%). The respondents also reported their experience with rape. Almost half of the respondents who were involved in sexual activities also had been raped (49.6%). Most respondents were first raped between the ages 12 to 14 (24.4%). Lastly, 26.9% respondents also admitted to having same sex relationships while 73.1% have not. Therefore, based on the information gathered from the background questionnaire, it can be concluded that all respondents had been engaged in sexual activities before marriage, with some of them being raped, pregnant, and involved in the same sex relationships.

### Psychological profile of moral values and coping strategies of adolescents involved in premarital sex

Table 2 summarises the psychological profile of the moral values and coping strategies of adolescents involved in premarital sex. The table reveals that 169 respondents (71%) had moderate levels of moral values. Furthermore, 38 (16%) respondents had high levels of moral values and 31 (13%) respondents had low levels of moral values. The table also reveals that 115 (48.3%) respondents scored low on CS1 (coping strategies focusing on self and emotion) while 85 (35.7%) obtained high, and 38 (16%) obtained moderate scores. Additionally, 121 (50.8%) of respondents obtained a moderate score on CS2 (coping strategies focusing on adaptive and maladaptive behaviour), 61 (25.6%) respondents obtained high and 56 (23.5%) respondents obtained low scores on CS2. For CS3 (coping strategies focusing on emotion), 132 (55.5%) respondents obtained a moderate score, 73 (30.7%) obtained high, and 33 (13.9%) obtained low scores on CS3.

Table 2. Psychological profile of moral values and coping strategies of adolescents involved in premarital sex

Psychological measure	Low level		Moderate level		High level		Total	
	(f)	(%)	(f)	(%)	(f)	(%)	(n)	(%)
MV	31	13.0	169	71.0	38	16.0	238	100
CS1	115	48.3	38	16.0	85	35.7	238	100
CS2	56	23.5	121	50.9	61	25.6	238	100
CS3	33	13.9	132	55.4	73	30.7	238	100

Key: MV - Moral Value; CS1- Coping strategy focus to social support; CS2- Coping strategy focus to adaptive and maladaptive; CS3- Coping strategy focus to emotion.

### Correlation between Moral Values and Coping Strategies

As illustrated in Table 3, the study examined the correlation between moral values and coping strategies among respondents.

Table 3: Matrix Correlation between Moral Value and Coping Strategies.

	MV	CS1	CS2	CS3
MV	1.0			
CS1	.30**	1.0		
CS2	.46**	.70**	1.0	
CS3	.41**	.71**	.74**	1.0

n = 238; p<0.01

Key: MV – Moral Value; CS1- Coping strategy focus to social support; CS2- Coping strategy focus to adaptive and maladaptive; CS3- Coping strategy focus to emotion.

The results indicated a significant relationship of moral values with social support coping strategies ( $r = .30$ ,  $p < .01$ ), adaptive and maladaptive behaviour coping strategies ( $r = .46$ ,  $p < .01$ ), and emotion coping strategies ( $r = .41$ ,  $p < .01$ ). Significant correlations were found also among all dimensions of coping strategies.

### 4. Discussion and Conclusion

This study identified the demographic profiles of the adolescents involved in premarital sex. The demographic profile indicated that 75.2% of the adolescents aged 16 to 18 had been involved in premarital sex. The study provided some evidence that mid-adolescents are vulnerable to premarital sex exposure. Meanwhile, most adolescents became involved in sex between the ages 12 and 14. This result is consistent with the findings of Lee, Chen, Lee and Kaur (2006) who found that the age of first sexual intercourse is 14 years old. In other countries, the age of pre-marital sexual debut ranged from 13 to 19 year-olds, with the average age of 15.6 (Oljira, Berhane, & Worku, 2012). This trend may be caused by the modernization or social changes that

alter moral values and increase the tolerance to new social cultures. This research also shows that adolescents who engage in sex also put themselves at risk of teen pregnancy. Our result showed that 21.0% of adolescent respondents became pregnant after engaging in premarital sex. Even though the percentage of pregnancy is small, adolescents are still exposed to unwanted pregnancy at a very young age. This is consistent with the Lee et al., (2006) study, which had found that many people are unaware of this issue due to the sensitivity of the subject in society. The findings of this study showed that out of the 50 respondents who experienced pregnancy, most adolescents had pregnancy once after being involved in premarital sex. Young school age mothers may be more likely to risk illegal childbearing, abortion and baby dumping. The research supports the findings that the total births for mothers under 19 years old in Peninsular Malaysia have declined from 23 113 live births in 1980 to 12 320 live births in 1998 (WHO, 2011). In our study, 58 (24.4%) adolescents who had been sexually abused and the highest onset age of being raped were between ages of 12 to 14. This suggests that the involvement in premarital sex begins with the victimization of rape. Adolescents who had been raped are more likely to be more actively involved in sex later in life, experience with homosexuality, and be exposed to Sexually Transmitted Diseases (STDs) as an effect of the raping experience. The result of this study is consistent with the study conducted by the Ministry of Health in Malaysia in 1992, which found that 52% of the youth aged 17-24 have had more than one sexual partner and half of them had engaged in premarital sex. This result supports another study on sexual intercourse among adolescents in Chile (Sanchez, Grogan-Kaylor, Castillo, Caballero & Delva, 2010), which found that 3 out of 70 adolescents had the same-gender sex. It shows that adolescents may be exposed to risky sexual behaviour with multiple partners, STDs, or homosexuality.

All respondents had moderate levels of moral values. This implies that Muslim female adolescents have somewhat balanced moral values, which might be the result of the Islamic religion class they have received in the rehabilitation centres. In Islam, spirituality leads to moral development. Thus, this study implies the need for moral education enhancement to decrease premarital sex. One of the findings conducted in Christian context showed that religious adolescents engaged in sex at the same or even higher rate compared to their non-religious adolescents (Kessel, 2010). Even if this finding is in a different context of another religion, it also shows that the religiosity of the individual should be supported with other elements, such as spiritual and moral values, to decrease individuals' involvement in premarital sex.

The results also showed that most respondents (48.3%) have low managing self and emotion coping strategy (combination of social support and emotional expression). Marcia (1980, 1994) classified individuals at adolescent stage based on the existence or the extent of their crisis or commitment. Most respondents used (50.8%) adaptive and maladaptive coping strategies (the combination of problem solving, cognitive restructuring and avoidance problem) only moderately. Adolescents may turn to adaptive coping strategies because their cognitive ability is in the process of maturation. This finding supports a study by Seiffge-Krenke (2000), which found that adolescents at age 15 begin to use adaptive and efficient coping strategies.

However, adolescents also may encounter interpersonal stress, and the increased feeling of distress can lead them to use avoidance coping strategy. Some of the respondents in this study who also reported rape experience may have used maladaptive strategies, such as avoiding the stressor when dealing with the event of rape. It also suggests that the rape victims did not receive social support from family, resorting to self-blame. This is consistent with the study by Hampel and Peterman (2006), which found that adolescent girls perceived more interpersonal stress, used more maladaptive coping strategies, and had more internalized problems compared to adolescent boys.

Most respondents (55.5%) used moderately emotion focused coping strategy (the combination of social withdrawal, self-criticism and wishful thinking) to cope with stressors. Thus, respondents may be more problem-focused, reacting moderately to interpersonal stressors but less to seeking social support. The finding suggests that adolescents who use the passive coping strategy may be vulnerable to depression, self-blame and low self-esteem. Adolescents with low level of psycho-spiritual capabilities may also be exposed to negative coping strategies when dealing with stress. This finding is in line with a study by Landis, Gaylord-Harden, Malinowski, Grant, Carleton and Ford (2007), which found that chronic, uncontrollable stressors related significantly and positively to hopelessness in their sample. They also found that ruminative coping strategy has also emerged as a mediator of the relation between uncontrollable stressors and hopelessness for girls.

This study also examined the association between moral values and coping strategies. Researchers found a statistically significant relationship between moral values and coping strategies. The result showed positive and moderate correlation between moral values and all types of coping strategies, suggesting that moral values can be used as a coping strategy to deal with stressors. As adolescents grow up, the cognitive development influences the process of coping. The adolescents may be exposed to moral values through the activities they participate in the rehabilitation centres. Through vocational and academic classes offered by the rehabilitation centres or schools, adolescents learn to enhance their self-esteem, self-motivation, and self-concept. They may increase their self-awareness after being educated with moral and psycho-education. This finding also indicates that the values measured in this study, such as patience, sincerity, honesty and care are linked to all coping strategies assessed in this study. An adolescent who has enough moral values may choose the adaptive strategy to cope with their problem or stressor positively. In addition, adolescents in the centres may seek social support and express emotions to gain love and care from others.

The relationship between moral values and managing self and emotion coping strategy was significantly positive. It reflects Kohlberg's (1958) theory of moral development at the level Conventional Morality, which highlights good interpersonal relationship and maintaining social order. Adolescents at this level seek social support, maintain good relationship with parents, family and friends and are concerned with society values. The relationship between moral values and emotion coping strategy was significantly positive, suggesting that adolescents who are aware of the values of the society in which they have been raised influence the way they cope with stressors. Within a society the principal values of which are based on strong religious and cultural traditions, adolescents may withdraw themselves from society due to fear of rejection and judgment. This may result in

even further involvement in risky behaviours, such as unintentional pregnancy, baby dumping, homosexuality and substance abuse. The demographic data also showed that 21% of adolescents experienced pregnancy and 26.9% had same-sex relationship experience. This finding supports the findings by Ludwig and Pittman (1999), which revealed that adolescents with strong pro-social values and self-efficacy reported less problematic behaviours.

In conclusion, all respondents showed they had been involved with sexual activities before marriage and some of them have had experiences with being raped, pregnancy and same-sex relationships. The psychological profiles of moral values indicated that most female adolescents involved in premarital sex have a moderate level of moral values. The results also indicated significant relationships between moral values and coping strategies. The implication of the study is that most female adolescents are at a high risk for being involved in sex with boyfriends because of the lack of moral consciousness and coping strategies. Knowledge about sexual health as well as parenting skills should be considered as a compulsory education for adolescents. Welfare departments should improve the existing rehabilitation programs with multi-dimensional psycho-education modules. Further research on adolescents' perceptions of sexuality is required in to decrease adolescents' exposure to the risk of childbearing, abortion, baby dumping, sexual behaviour with multiple partners, STDs, or homosexuality. Future research should also design experimental studies on the intervention to discourage sex before marriage among teenagers.

## References

- Ash'ari, Z. I. A. (2012). "Dua Remaja Ditahan". *Utusan Malaysia*. 26 Oktober 2012.  
[http://www.utusan.com.my/utusan/Jenayah/20121026/je\\_01/2-remaja-ditahan](http://www.utusan.com.my/utusan/Jenayah/20121026/je_01/2-remaja-ditahan). Retrieved on 2 Mac 2013.
- Brislin, R. W. , Lonner, W. J. & Thorndike, R. M. (1973). *Cross Cultural Research Method*. New York : Wiley.
- Garcia, C. (2010). Conceptualization and measurement of coping during adolescence: A review of the literature. *Journal of Nursing Scholarship*, 42(2), 166-85.
- Hampel, P., & Petermann, F. (2005). Age and gender effects on coping in children and adolescents. *Journal of Youth and Adolescence*, 34 (2), 73-83.
- Hart, D., & Carlo, G. (2005). Moral Development in Adolescence. *Journal of Research on Adolescence* 15(3), 223–233.
- Husin bin Junoh. (2011). *Faktor Keruntuhan Akhlak Remaja Islam Luar Bandar di Daerah Kota Tinggi, Johor*. (Ph.D Thesis). Universiti Malaya.
- Kessel, D. E. (2010). *Emotional coping strategies of religious adolescents and young adults experiencing unwanted sexual thoughts and images: Is religiousness a protective factor?* Fuller Theological Seminary, School of Psychology. *ProQuest Dissertations and Theses*.
- Kohlberg, L.(1958). *The development of modes of moral thinking and choice in the years of 10 to 16*. Unpublished doctoral dissertation : University of Chicago.
- Landis, D., Gaylord-Harden, N. K., Malinowski, S. L., Grant, K. E., Carleton, R. A., & Ford, R. E. (2007). Urban adolescent stress and hopelessness. *Journal of Adolescence*, 30(6), 1051-1070.
- Lee, L. K., Chen, P. C. Y., Lee, K. K., & Kaur, J. (2006). Premarital sexual intercourse among adolescents in Malaysia: a cross-sectional Malaysian school survey. *Singapore Med J*, 47(6), 476.
- Ludwig, K. B., & Pittman, J. F. (1999). Adolescent Prosocial Values and Self-Efficacy in Relation to Delinquency, Risky Sexual Behavior, and Drug Use. *Youth & Society*, 30(4), 461-482.
- Marcia, J.E. (1980). Ego identity development. In J. Adelson (ed) *Handbook of adolescent psychology*. New York: Wiley.
- Marcia, J.E. (1994). The empirical study of ego identity . In H.A. Bosma , T.L.G. Graalsma, H.D. Groatvant & D.J. De Levita (eds) *Identity and development*. Newsbury Park CA : Sage
- Oljira, L., Berhane, Y., & Worku, A. (2012). Pre-marital sexual debut and its associated factors among in-school adolescents in eastern Ethiopia. *BMC Public Health*, 12(1), 375.
- Salhah Abdullah, Amla Salleh, Zuria Mahmud, & Saedah A. Ghani. (2010). Moral Value Inventory for Muslim Adolescents. *Procedia - Social and Behavioral Sciences*, 7(0), 106-112
- Salhah Abdullah, Sapora Sipon, Dini Farhana Baharudin & Rezki Perdani Sawai. (2011). Strategi daya tindak versi Bahasa Melayu. *First PERKAMA International Conference Convention*. Organised by Persatuan Kaunselor Malaysia (PERKAMA), Kementerian Wanita, keluarga dan Pembangunan Masyarakat, Universiti Kebangsaan Malaysia, Universiti Sains Islam Malaysia. Akademi Kenegaraan, Kuala Lumpur 22-23 June.
- Sanchez, N., Grogan-Kaylor, A., Castillo, M., Caballero, G., & Delva, J. (2010). Sexual intercourse among adolescents in Santiago, Chile: a study of Individual and parenting factors. *Rev Panam Salud Publica*, 28(4), 267-274.
- Seiffge-Krenke, I. (2000). Causal links between stressful events, coping style, and adolescent symptomatology. *Journal of Adolescence*, 23, 675-691.
- World Health Organization. (2011). Health of Adolescents in Malaysia.